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Commissioner

State of Rhode Island and Providence Plantations
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
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Providence, Rhode Island 02903-3400

Rhode Island Department of Education

Home Language Survey (HLS)

The information requested on this form is necessary for the most appropriate placement for your child as required by Rhode Island Law (R.I.G.L. § 16-54-2) and the Equal Educational Opportunity Act (20 U.S.C. §1703(f)) and will not be used for any other purposes. Thank you for your cooperation.

To be completed by parent or guardian:

Student Name: _____

Registration Date: _____ Date of Birth: _____

1. *What is the primary language most often used in the home, regardless of the language spoken by your child?

2. *What is the language that your child first acquired?

3. *What is the language most often spoken by your child?

4. What language does your child use most often when speaking to other adults in the home or to their primary caretaker?

5. What language does your child use most often when speaking to siblings or other children in the home?

6. What language does your child use most often when speaking to friends or neighbors outside the home?

7. In what language would you prefer to receive information from the school?

Signature of Parent or Guardian

Date

Print Parent/Guardian Name

***Note:** If a parent or guardian responds 'yes' to the first three questions, a language screening assessment should be administered regardless of the additional information provided.

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